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MEPRS TRAINING SYMPOSIUM
Army Medicine Cost of Readiness

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Purpose & Agenda

Purpose: To discuss and inform on the Army Medicine "Cost of Readiness" comparison of FY14 and FY15.

Outline

1. Definition of Readiness
2. Army DHP Framework
3. Army DHP Comparison FY14 vs FY15
4. MEDCOM DHP Execution Analysis & Alignment
5. Lessons Learned

READINESS DEFINED

Readiness is "the ability of US Forces to fight and meet the demands of the national military strategy" synthesized by two level of operations –
(1) unit readiness and (2) joint readiness

(Source: Dictionary of Military and Associated Terms. US Department of Defense 2005)

- ✓ GEN Mark Milley in his first message as the Army Chief of Staff on 14 August 2016 stated –

*"Our fundamental task is like no other – it is to win…**Readiness** for ground combat is and will remain the U.S. Army #1 priority." Building an agile, adaptive Army for the future and Taking Care of Troops are the other two priorities.*

- ✓ LTG West in a 9 March 2016 statement to the Senate Committee on Appropriations, Subcommittee on Defense, stated her four priorities are –

*"(1) **Readiness** and Health; (2) Healthcare Delivery; (3) Force Development; and (4) Taking Care of Soldiers, their families, DA civilians, and retirees."*

Army DHP Resource Framework

BLUF: The Army Medical Command has developed a methodology to breakout all DHP funded programs utilizing the Army's Resourcing Framework definitions and based on what each program produces for the Army and it's beneficiaries.

- The methodology is flexible enough to adjust as needed and as programs are better defined
- Additional methodologies can be "attached" or added to the framework based on evolving knowledge such as defining those medical specialties that support contingency, garrison, humanitarian or other Essential Medical Capabilities
- This methodology will allow MEDCOM to communicate the "cost of readiness" and more accurately depict programs that are valuable, but not for today's readiness missions.
- This methodology now allows MEDCOM to depict the added "readiness" cost of family member care

Significant Changes from FY14

We used the same basic methodology for developing the FY15 Cost of Readiness as FY14, with changes as follows:

- CMAP separated healthcare provided to Active Duty (AD) Family Members by Non-AD providers, equating to $737.6M in FY15 ($592.9M in DHP O&M + $144.7M in MILPERS).

- Programming mapped these resources to Readiness in FY15 (vs. Non-Discretionary Obligations in FY14); This is consistent with Army's alignment of Family Programs to Readiness.

- Programming used FY15 DHP MILPERS as reported by HQDA G1 to ensure alignment with reported MILPERS (vs. TDA authorizations in FY14); normalized MEPRS MILPERS using HQDA rates.

- Programming mapped all F MEPRS codes to individual Sub-Tasks (vs. aggregation of $526.1M in FY14 $638.6M in DHP

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Army DHP Resource Framework, FY15 DHP Resources (1 of 2)

- **Purpose:** The purpose of the Army DHP Resource Framework (ARF) is to aggregate Army DHP funded programs into Management Decision Package (MDEP) **LIKE** functions across all elements of the Army program using the methodology developed by the Army for aggregating and reporting.

- **Methodology:** Breaks Medical Programs funded with DHP funding into Objective, Sub-Objective, and Task based on Army definitions and the purpose of the program

- **Variation From Army Methodology:**
  - Military personnel pay (MILPERS) is broken out into functions rather than placed in the objective
  - Added some tasks in primarily public health functions that Army does not have within programs

1 - Forces	1.1 - Man the Force	1.1.01.1 - PCS/ETS Related Functions	$ 25.7
		1.1.01.2 - Military Funded Emergency Leave	$ 0.8
		1.1.04.1 - Health Professional Scholarship Program (HPSP)	$ 86.9
		1.1.04.2 - MEPCOM Medical Processing of Recruits	$ 76.1
		1.1.04.3 - Uniformed Services University of the Health Sciences (USUHS) Students (TTSH)	$ 43.5
3 - Capital Investments	3.1 - Installation Infrastructure	3.1.02 - Restoration and Modernization	$ 188.0
		3.1.05 - Environmental Management	$ 3.5
	3.2 - Equipment Acquisition and Disposal	3.2.01.1 - DHP RDTE (1831)	$ 121.0
		3.2.01.2 - DHP RDTE (18N1)	$ 210.5
		3.2.01.3 - DHP RDTE (1831-CSI)	$ 887.6
		3.2.01.4 - DHP RDTE (18N1-CSI)	$ 120.8
		3.2.05 - MRMC HQs, WRAIR & ISR	$ 93.3
4 - Service HQ's & Statutory Obligations	4.1 - Service HQ's	4.1.01.1 - MEDCOM HQ's	$ 157.0
		4.1.01.2 - DENCOM HQ's	$ 26.6
		4.1.01.3 - RMC's	$ 103.8
		4.1.01.4 - RDC's	$ 3.4
	4.2 - External and Directed Army Obligations	4.2.01.1 - Healthcare for retirees and other non-AD/ADFM (not provided by military members)	$ 698.2
		4.2.01.2 - Dental care provided to Non-Active Duty (DTF level)	$ 34.4
		4.2.01.3 - Acquisition of medical resources (for retirees and family members)	$ 3.1
		4.2.01.4 - Armed Forces Medical Examiner	$ 17.9
		4.2.01.5 - DOD MILITARY BLOOD PROGRAM	$ 28.6
		4.2.01.7 - EARLY INTERVENTION SERVICES(EIS)	$ 10.5
		4.2.01.8 - DFAS Reimbursement	$ 17.3
		4.2.01.9 - FECA Bill	$ 15.3
		4.2.02.01 - Wounded Warrior	$ 94.8
		4.2.02.02 - Defense Center of Excellence (DCOE) TBI/PH	$ 131.6
		4.2.02.03 - Armed Forces Pest Management Board (W3J104)	$ 1.0
		4.2.02.04 - Clinical Investigation Program	$ 28.8
		4.2.02.05 - GUEST LECTURER AND CONSULTANT PGM	$ 0.7
		4.2.02.06 - SUPPORT TO NON-FEDERAL EXTERNAL PROVIDERS	$ 188.1
		4.2.02.07 - SUPPORT TO OTHER FEDERAL AGENCIES	$ 15.9
		4.2.02.08 - DINING FACILITY - NON-PATIENT FOOD OPERATIONS	$ 97.3
		4.2.02.10 - Support to Non-MEPRS Reporting Activities	$ 116.8

- **Variation From Army Methodology:**
  - Some missions transferred into the Defense Health Agency (DHA) in FY15, FY16 and FY17
    - ✓ Armed Forces Health Surveillance
    - ✓ Army Medical Information Technology Command
    - ✓ Armed Forces Medical Museum
    - ✓ Armed Forced Medical Examiner
    - ✓ Military Vaccine Agency

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Army DHP Resource Framework

FY15 DHP Resource (2 of 2)

2.1 - Operate the Force	2.1.01.2 - Combat Support	$ 0.5
	2.1.01.3 - Base Support (Operation United Assistance)	$ 0.6
	2.1.01.6 - Overseas Contingency Operations	$ 27.2
	2.1.02 - Peacetime Disaster Preparedness Response and NDMS	$ 6.8
	2.1.05.1 - AMEDD Personnel Proponency and Corps Chiefs	$ 7.8
	2.1.06.01 - Healthcare provided to Active Duty Members	$1,669.8
	2.1.06.02 - Healthcare provided by Active Duty Members	$1,046.4
	2.1.06.03 - Healthcare provided by Active duty to Active Duty	$1,112.9
	2.1.06.04 - Healthcare provided to Active Duty Family Members	$ 737.6
	2.1.06.05 - Dental care provided to Active Duty (DTF level)	$ 511.8
	2.1.06.05.1 - Dental care provided to Active Duty (ADLG)	$ 4.1
	2.1.06.06 - SUPPORT TO OTHER MILITARY ACTIVITIES	$ 92.7
	2.1.06.07 - MILITARY PATIENT PERSONNEL ADMINISTRATION	$ 168.9
	2.1.06.08 - AREA REFERENCE LABORATORIES	$ 16.6
	2.1.06.10 - OPHTHALMIC FABRICATION AND REPAIR	$ 18.7
	2.1.06.12 - Directed Central Program Management (EACE, Pain, PCMH, PH & TBI)	$ 34.3
	2.1.06.13 - Integrated Disability Evaluation System (IDES)	$ 18.3
	2.1.06.14 - Performance Triad/Suicide Prevention	$ 7.7
	2.1.06.15 - PURCHASED/REFERRED CARE	$ 1.1
	2.1.06.15 - Supplemental Health Care Program	$ 0.8
	2.1.06.17 - Army MILPERS in Joint MTF's/Activities	$ 254.1
	2.1.06.18 - Screening and Testing Program	$ 12.3
	2.1.06.19 - Trainee Expenses – Other Than GME or GDE Program	$ 83.7
	2.1.06.20 - Behavioral Health Promotion and Prevention	$ 30.2
	2.1.06.21 - Patient Movement	$ 11.2
	2.1.06.22 - Aeromedical Staging Facility	$ 0.1
Sustain	2.3.02.1 - DHP Procurement (01301871)	$ 69.1
	2.3.02.2 - USAMMCE-K and USAMMCE-E & USAMMA	$ 76.2
	2.3.03.1 - Medical Combat Development	$ 12.7

2.2 - Train the Force	2.2.03 - Institutional Training, Student (TTSH)	$ 293.7
	2.2.03.1 - Initial Entry Training (AMEDDC&S)	$ 104.4
	2.2.03.2 - Institutional Training (AMEDDC&S)	$ 15.4
	2.2.03.3 - Institutional Training (MRMC)	$ 2.7
	2.2.03.4 - Special Skills Training (AMEDDC&S)	$ 19.2
	2.2.03.5 - LTHET Programs (AMEDDC&S)	$ 55.7
	2.2.03.6 - GME/GDE Programs (MTF's)	$ 150.3
	2.2.03.7 - Continuing Health Education (MTF's)	$ 161.9
	2.2.03.8 - MTF Individual Military Training	$ 120.1
	2.2.03.9 - READINESS PHYSICAL TRAINING	$ 30.3
2.4 - Installation Enterprise Services and Facility Sustainment	2.4.02.2 - Medically Related Services	$ 4.2
	2.4.02.3 - Multi-Disciplinary Team Services	$ 1.6
	2.4.03.01 - AMEDDC&S HQs	$ 10.9
	2.4.03.02 - Health Facilities Planning Agency	$ 48.5
	2.4.03.03 - PHC HQs	$ 32.6
	2.4.03.04 - Ambulance Services	$ 52.8
	2.4.03.05 - Decedent Affairs	$ 1.2
	2.4.03.06 - Acquisition of Medical Resources (for AD)	$ 21.9
	2.4.03.07 - Veterinary Services	$ 119.0
	2.4.03.07 - Veterinary Services (MTFs & RHCs - Non-MEPRS)	$ 0.3
	2.4.03.09 - U.S. Army Medical Research Acquisition Activity	$ 2.3
	2.4.03.10 - Public Health/Occ Health	$ 147.4
	2.4.03.12 - Preventive Medicine	$ 59.2
	2.4.03.13 - Industrial Hygiene Program	$ 26.4
	2.4.03.14 - Radiation Health Program	$ 4.9
	2.4.03.15 - Environmental Health Program	$ 16.9
	2.4.03.16 - Epidemiology Program	$ 10.1
	2.4.03.17 - Immunizations	$ 4.4
	2.4.03.18 - Hearing Conservation Program	$ 16.7
	2.4.03.19 - PUBLIC HLTH SVC NOT ELSEWHERE CLSFD	$ 0.1
	2.4.05 - Information Technology Services Management	$ 67.8
	2.4.05.1 - Base Communications	$ 1.2
	2.4.05.2 - Visual Information	$ 0.2
	2.4.05.3 - MITC (not otherwhere identified)	$ 0.9
	2.4.06.2 - Military-Unique Medical Activities	$ 3.7
	2.4.07 - Facility Operations & BASOPS	$ 96.7
	2.4.08 - Facility Sustainment	$ 43.1
	2.4.08.1 - Initial Outfitting	$ 118.4

Healthcare Cost Methodology:

- Healthcare provided to Active Duty (AD) supports "Medical Readiness of the Force" and was placed in Readiness.
- Healthcare provided by AD supports "Medical Skills Sustainment" and was placed in Readiness.
- Healthcare provided to AD Family Members supports "Readiness of the Force" and was placed in Readiness.

Army Management Decision Package (MDEP)

The **Management Decision Package (MDEP)** is a construct used to group Army program resources, and is designated with a 4 digit alphanumeric fiscal code.

- Individually an MDEP describes a particular organization, program, or function and records the resources associated with the intended output.
- Added together, MDEPs total to 100 percent of Army resources (Active, Guard and Reserve).
- These resources may be funding, manpower, or both.
- MDEPs group the Army's functions and capabilities, defined by program element, appropriation, and organizational codes, into high level packages upon which the Army Leadership makes and defends its resource decisions external to the Army.
- An individual MDEP is assigned uniquely to one of seven Program Evaluation Groups (PEGs).
- Beginning February 2014, MDEPs were associated to a one-to-one management structure referred to as the Army Resource Framework (ARF) at the ARF's task level. The ART

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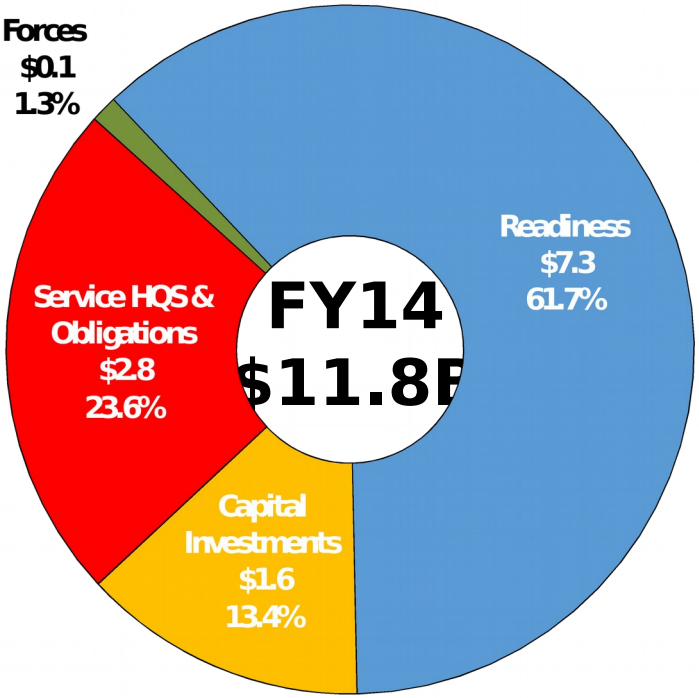
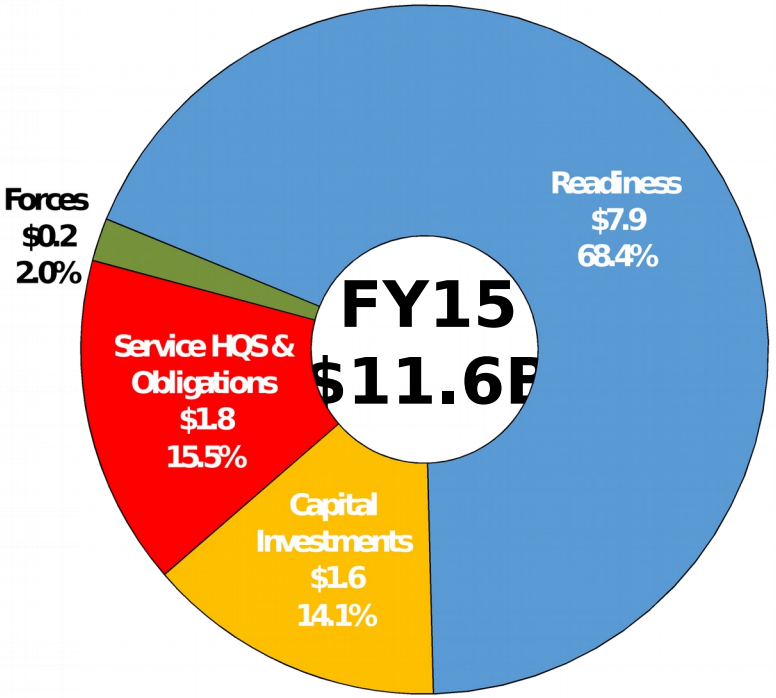
Army MEDCOM DHP Resources - FY15 vs FY14





- **DHP MILPERS is distributed into function rather than being reported under Forces in this view.**
- Army MEDCOM received $1,006.8M in Congressional Special Interest funding in FY15 for RDTE in Capital Investments.
- **Expenses for Healthcare provided to Active Duty Family Members previously reported under Service HQ's and Non-discretionary Obligations in FY14 is included under Readiness in FY15.**
- Expenses for Healthcare provided to Retirees and Retiree Family Members is included under Service HQ's and Non-discretionary Obligations in both FY14 and FY15.

Data Sources – GFEBS, MEPRS, MRMC, PHC, AMEDDC&S, FY15 and FY17 PB Exhibits, PPBOS

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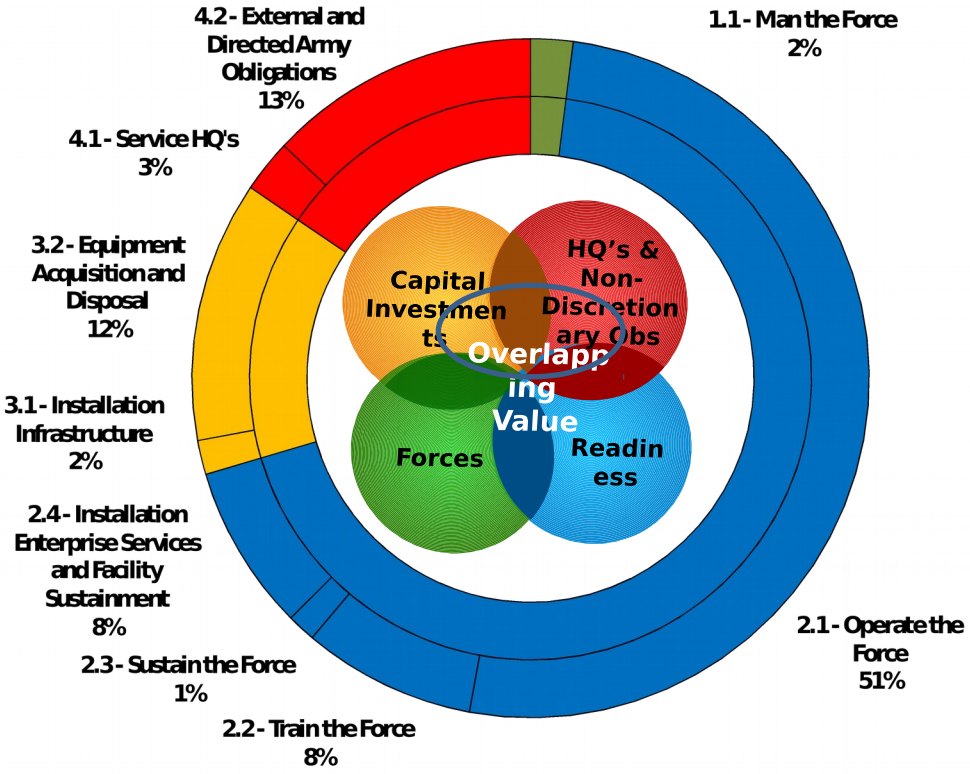
Total Army DHP Cost Breakout
FY15 Obligations - $11.6B
(Objective, Sub-Objective, Task)

Chart Guide: Inner Ring Depicts Objective, Outer ring depicts Sub-Objective


4.2 - External and Directed Army Obligations 13%
1.1 - Man the Force 2%
4.1 - Service HQ's 3%
3.2 - Equipment Acquisition and Disposal 12%
Capital Investments
HQ's & Non-Discretionary Obs
Overlapping Value
Forces
Readiness
3.1 - Installation Infrastructure 2%
2.4 - Installation Enterprise Services and Facility Sustainment 8%
2.1 - Operate the Force 51%
2.3 - Sustain the Force 1%
2.2 - Train the Force 8%

Forces: $233.1M, 2.0%
- MEPCOM Operations
- Health Professions Scholarships

**Note: MILPER costs are included in the cost of functions they perform; Total MILPERS is $2,740.2M.*

Service HQ's & Non-Discretionary Obs - $1,791.0M, 15.5%
- *Retiree & Retiree Family Member Care*
- *AFHSC*
- *DoD Blood Program*
- *MEDCOM, RMC, Dental, WTC, DRC, HQ's*
- *Early Intervention Services*
- *Support to Other Federal and Non Federal Orgs*
- *Mandated Bills (DFAS, FECA)*
- *Wounded Warrior*
- *Other EA Responsibilities*

Capital Investments: $1,624.7M, 14.1%
- DHP Research
- Restoration & Modernization
- Environmental Health Sustainment
- Environmental Management

**Note: Out of $1,339.9M in DHP RDTE, $1,008.4M was CSI (75.3%)*

Readiness: $7,901.4M, 68.4%
- Healthcare Provided to AD
- Healthcare Provided by AD
- Family Member Healthcare
- Dental Care to AD
- IDES
- Initial Entry Training
- Special Skills Training
- Environmental; Food & Water Safety
- USAMMCE; USAMMC-K
- GME/GDE Programs
- Military Patient Personnel MGMT
- Ophthalmic Fabrication
- Institutional Training

- Many of the EA responsibilities, and ~half of the Army's IT portfolio transferred to the DHA in FY16 or FY17 (Army Medical Information Technology Center; Armed Forces Health Surveillance Center; Armed Forces Medical Examiner; Defense Center of Excellence; Military Vaccine Agency; Armed Forces Museum)
- Army still manages many EA responsibilities (blood program; Veterinary care; food & water safety, and provides 55% of the total direct care workload)
- Although MEDCOM has broken out programs down into Army

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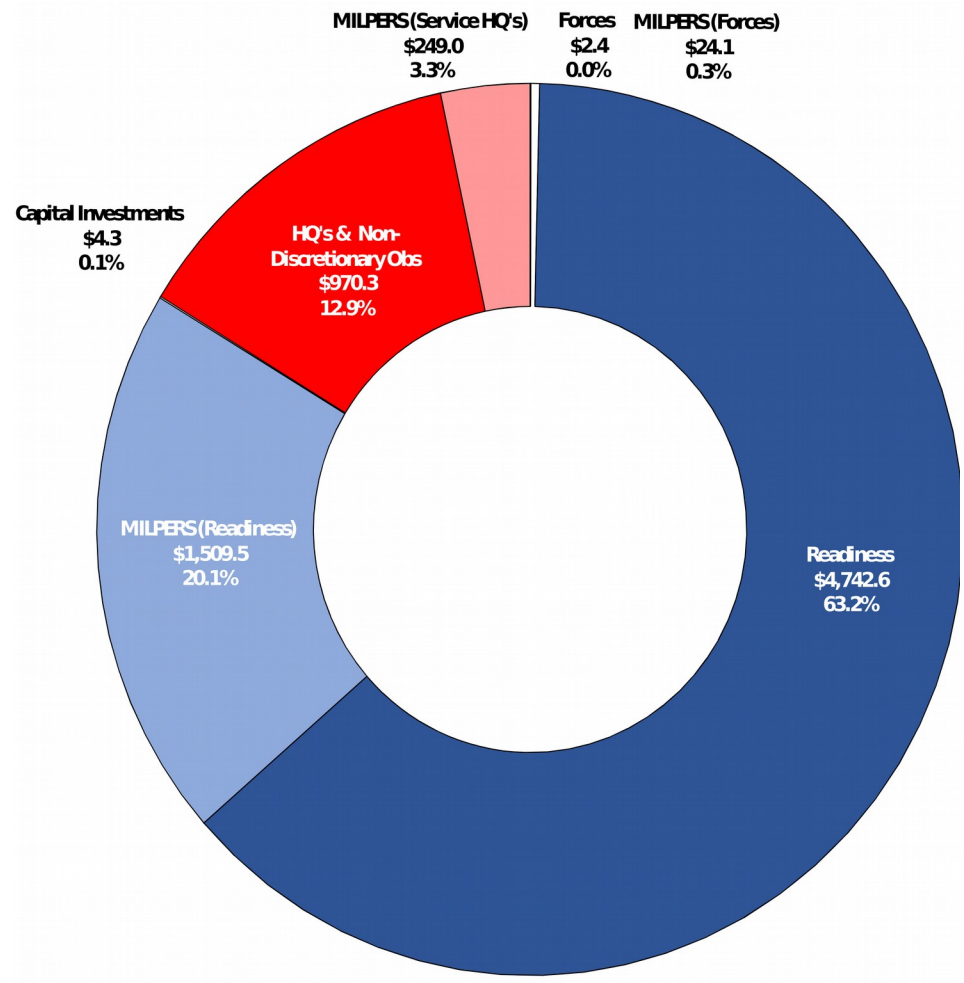
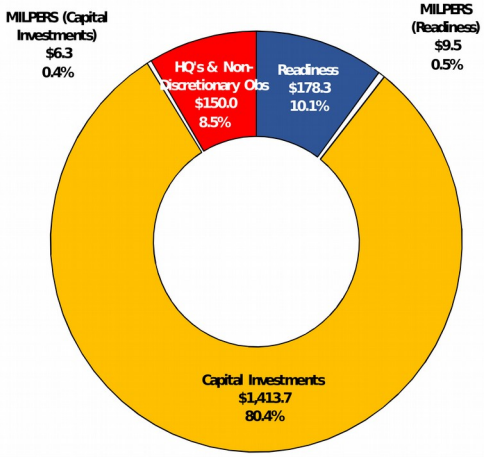
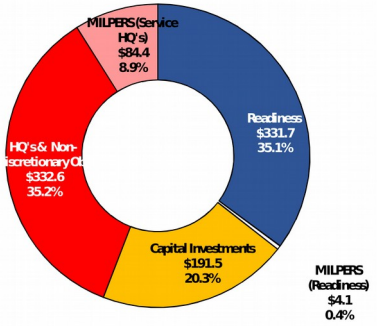
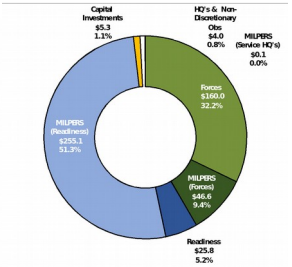
Army MEDCOM DHP Execution By Activity and Objective – FY15 Obligations, $11.6B



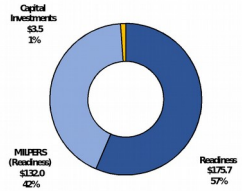




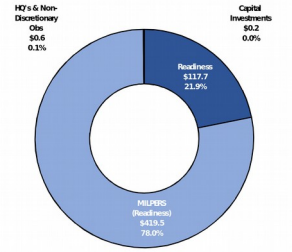
MEDCOM
$0.9B / 8.2%
Incl. WTC, DENCOM & Regions



her Activities
0.5B / 4.3%



Public Health
$0.3B / 2.7%

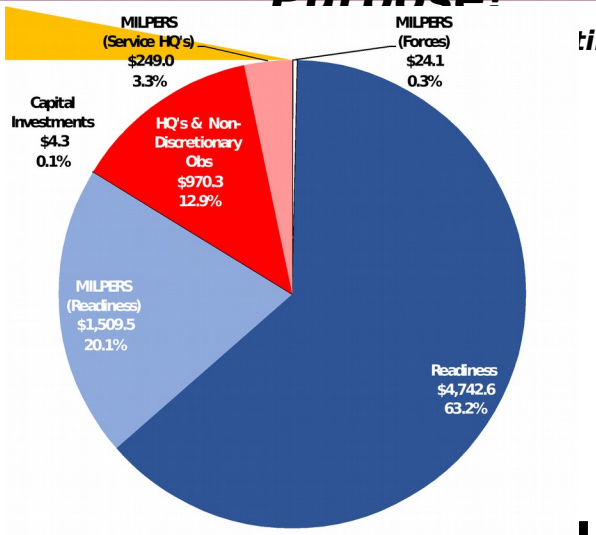


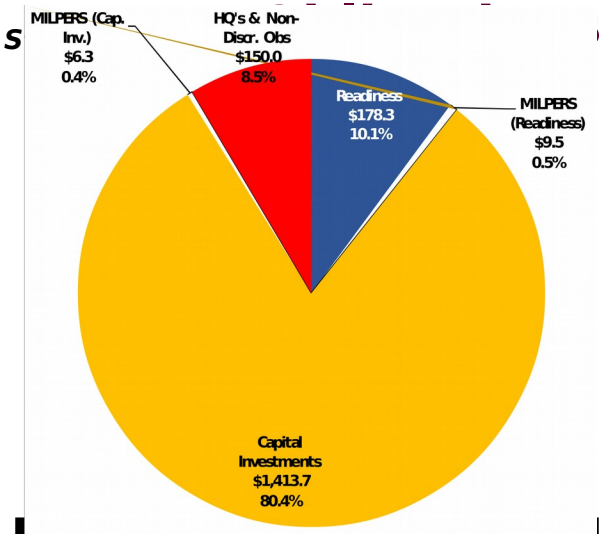
AMEDDC&S
$0.5B / 4.7%

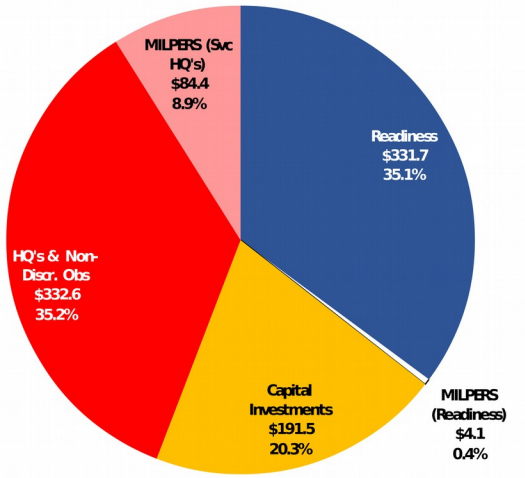
Note: Charts are proportionately sized.

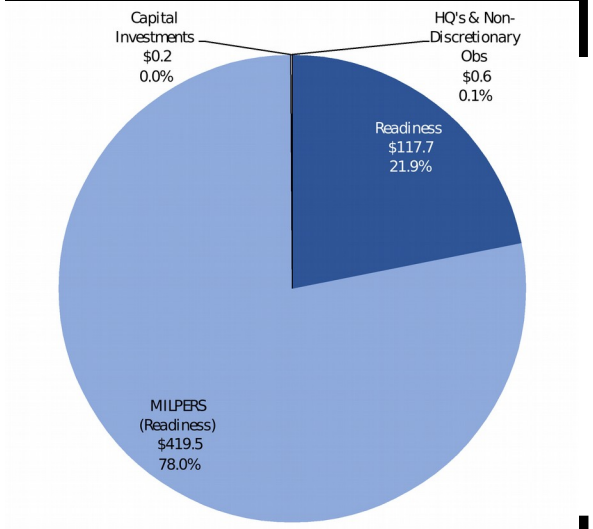
Data Sources – GFEBS, MEPRS, MRMC, PHC, AMEDDC&S, FY15 and FY17 PB Exhibits

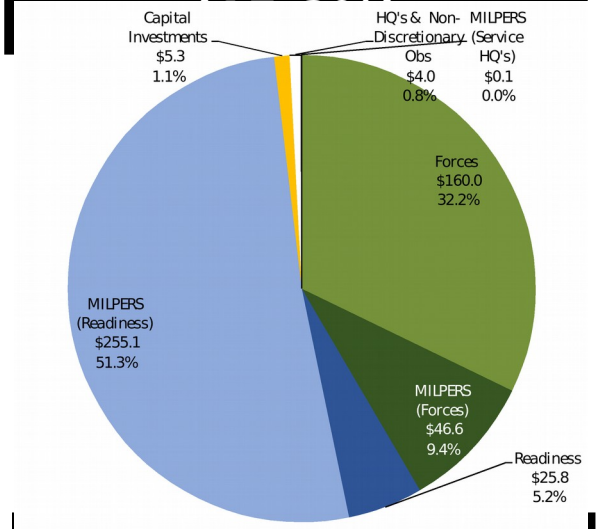
Army MEDCOM DHP Execution By Activity and Objective – FY15

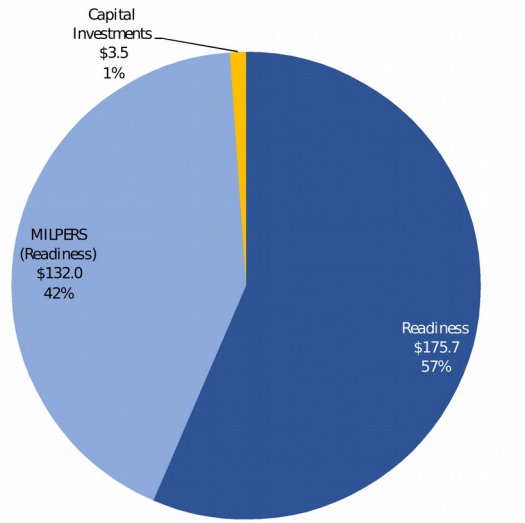

MILPERS (Service HQ's) $249.0 3.3%
MILPERS (Forces) $24.1 0.3%
Capital Investments $4.3 0.1%
HQ's & Non-Discretionary Obs $970.3 12.9%
MILPERS (Readiness) $1,509.5 20.1%
Readiness $4,742.6 63.2%




MILPERS (Svc HQ's) $84.4 8.9%
Readiness $331.7 35.1%
HQ's & Non-Discr. Obs $332.6 35.2%
Capital Investments $191.5 20.3%
MILPERS (Readiness) $4.1 0.4%




Capital Investments $5.3 1.1%
HQ's & Non-Discretionary Obs $4.0 0.8%
MILPERS (Service HQ's) $0.1 0.0%
Forces $160.0 32.2%
MILPERS (Readiness) $255.1 51.3%
MILPERS (Forces) $46.6 9.4%
Readiness $25.8 5.2%



(4.7%)

, AMEDDC&S, FY15 and FY17 PB Exhibits

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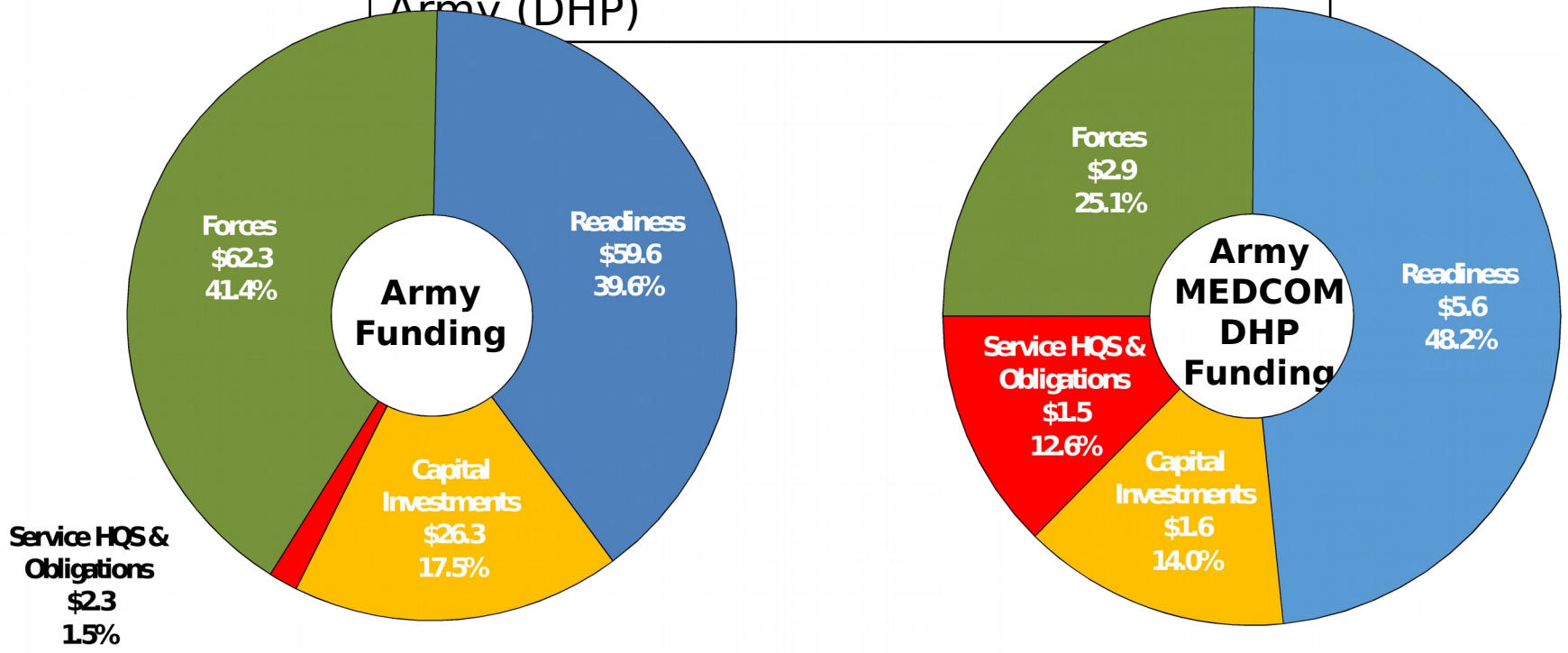
Comparison of Army OMA & MEDCOM DHP Funding

FY15 Programmed (Army) vs. Execution Army (DHP)



- **DHP MILPERS is reported under Forces in this view for comparison purposes.**
- Army MEDCOM received $1,006.8M in Congressional Special Interest funding in FY15 for RDTE in Capital Investments.
- Service HQ's and Non-discretionary Obligations for Army DHP includes the execution costs for healthcare provided to retirees and retiree family members.

Data Sources – GFEBS, MEPRS, MRMC, PHC, AMEDDC&S, FY15 and FY17 PB Exhibits, PPBOS

Lessons Learned – Implications for the MHS

- ✓ Value of viewing Readiness as one objective within a broader framework.
- ✓ Reliance on M2 for patient, provider and workload information not captured in the Medical Expense Performance Reporting System (MEPRS).
- ✓ Current financial systems/processes are not designed for this task:
  - ✓ Lack of a universal cost accounting system for all activities.
  - ✓ Lack of a common definition of “Readiness” beyond G – MEPRS Codes.
  - ✓ Lack of an MDEP-like construct in the Defense Health Program (DHP) makes it more challenging to group and categorize resources.

o Potential Military Health System (MHS) opportunities:
  - Common Cost Accounting Structure (CCAS) expansion.
  - General Fund Enterprise Business System (GFEBS) implementation

Questions?

BACKUP

Cost of Readiness - Methodology

MEDCOM G8 used a twofold approach to categorize FY15 DHP funding IAW the Army Resource Framework:

- **If reported in the Medical Expense Performance Reporting System (MEPRS):**
  - ✓ Cost Management Analysis & Partnership (CMAP) Division provided:
  - ✓ Total Workload Value by first level MEPRS code and patient/provider category
  - ✓ Total expenses by 3rd level MEPRS code
  - ✓ Expenses included direct, purified and stepdown (D&E) expenses (less depreciation, free receipts and Borrowed Military Manpower (BMM))
  - ✓ A-E expenses were allocated at the 1st level MEPRS code to five patient/provider categories using the ratio of workload value
  - ✓ Programming mapped F & G expenses at the 3rd level MEPRS Code to ARF Tasks/Sub-Tasks.
- **If expenses are not reported in MEPRS:**
  - A-G Codes (e.g., AMAP funding) and Funding executed by non-MEPRS reporting MEDCOM activities (e.g., MEDCOM HQs, RHC HQs & MSC's):
  - Programming worked with AMEDDC&S, PHC and MRMC to map these resources to ARF Tasks/Sub-Tasks based on Army accepted definitions of categories
  - Manpower provided HQDA G1 developed FY15 DHP MILPERS by UIC; Programming integrated the MILPERS data with the DHP appropriated funding and mapped it to ARF Tasks/Sub-Tasks.

Focus on the Cost of Readiness

GAO Report - HEHS-00-10 - Tri-Service Strategy Needed to Justify Medical Resources for Readiness and Peacetime Care, 1 Nov 99

- Recommendations: … we recommend that the Secretary of Defense direct the Assistant Secretary of Defense for Health Affairs and the services' Surgeons General to:

- complete the development and implementation of a comprehensive tri-service medical resource planning and allocation strategy that clearly defines the **cost of readiness** and justifies nonreadiness peacetime care based principally on cost-effectiveness analyses;

Military Compensation and Retirement Modernization Commission, Testimony Before the
Senate Armed Services Committee Personnel Subcommittee, 25 Feb 15

- Joint Readiness: … Key elements of the Commission's recommendation include the following:

- Protect and improve transparency of medical programs funding.
  - MTF operations that exceed reimbursement for care delivered to be funded from Services' operations and maintenance accounts as **cost of readiness**.

Military Health System Modernization Study Team Report, 29 May 15

- **Additional Recommendations:** … The MHS should study the cost associated with maximizing recapture of inpatient and surgical workload (including VA and TFL) through the lens of maintenance of a ready medical force. This cost is attributable to

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MDEP Examples (18 out of 467)

- FL8D – Combat Support Medical
- HSCB – Medical NBC Defense
- QPSG – Personnel Services Delivery (including Reenlistment & Retention)
- QPSM – Physical Security Matters
- QSEC – Army Security Programs
- TTDY – Military Training Specific Allotment
- VFRE – Operation Enduring Freedom (OEF)
- VSHP – Sexual Harassment/Assault Response & Prev (SHARP)
- VWR2 – Army Prepositioned Stocks (APS-2/Europe)
- VFRA – Family Readiness Support Assistants (FRSA)
- VIPP – Installation Preparedness Program
- VREM – Disposition of Remains/POW-MIA
- VSUR – Army Biological Surety Program
- VTER – Anti-Terrorism (AT)
- VWMD – Weapons of Mass Destruction Domestic Response
- WEAD – Non-Divisional MTOE Units
- WSUS – MTOE Unit Equipment Support
- XMGH – Major Army Management Headquarters Activities

Army Resource Framework

Purpose: The purpose of the Army Resource Framework (ARF) is to aggregate Army Management Decision Packages (MDEPs) into programmatic capabilities and functions across all elements of the Army program using a consistent method of aggregating and reporting.

Description: The ARF comprises four objectives: Forces, Readiness, Capital Investments and Service Headquarters and Obligations. These four objectives are defined as follows:

(1) Forces: Forces resources include Active Component (AC) and Reserve Component (RC) military manpower, RC Full Time Support (FTS) and military recruiting and retention functions.

(2) Readiness: Readiness resources enable commanders to train and sustain Soldiers, civilians, leaders and their units to designated capability levels.

(3) Capital Investments: Capital Investments resources cover the spectrum of the equipment acquisition life cycle as well as infrastructure construction and restoration and modernization.

(4) Service Headquarters and Obligations: Service Headquarters and Obligations resources include pay and general operations resources for Headquarters, Department of the Army (HQDA), U.S. Army Reserve (USAR) Headquarters (HQs), Army National Guard (ARNG) HQs and specified Forward Operating Agencies (FOA) (e.g., Inspector General Agency, Center for Military

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Army Resource Framework Hierarchy and

1-Forces	1.1-Man the Force	
		1.1.01 AC Manpower
		1.1.02 RC Manpower
		1.1.03 RC Full Time Support (FCS) {AGR/MILTECH}
		1.1.04 Recruiting and Retention
2-Readiness	2.1-Operate the Force	
		2.1.01 Forward Presence Missions
		2.1.02 Homeland Defense
		2.1.03 Joint and International Programs
		2.1.04 Cyber-Network Operations
		2.1.05 Military and Civilian Personnel Support
		2.1.06 Operations & Activities (Army)
	2.2-Train the Force	
		2.2.01 Operational Training Ground
		2.2.02 Operational Training Air
		2.2.03 Institutional Training
		2.2.04 Training Support Systems
		2.2.05 Training Ammunition
	2.3-Sustain the Force	
		2.3.01 Depot Maintenance
		2.3.02 Core Logistic Sustainment
		2.3.03 Sustainment Systems Technical Support (SSTS)
		2.3.04 Second Destination Transportation (SDT)
		2.3.05 Strategic Wartime Equipment (APS, WRSI)
		2.3.06 Ammunition Readiness
	2.4-Installation / Enterprise Services and Facility Sustainment	
		2.4.01 Housing (AFHO & Unaccompanied)
		2.4.02 Family, Community, and Soldier Programs
		2.4.03 Garrison
		2.4.04 Logistics Operations
		2.4.05 Information Technology Services Management
		2.4.06 Security
		2.4.07 Facility Operations
		2.4.08 Facility Sustainment

3-Capital Investments	3.1-Installation Infrastructure	
		3.1.01 Military Construction (MCA, MCAR, MCNG)
		3.1.02 Restoration and Modernization (RM)
		3.1.03 Army Family Housing Construction (AFHC)
		3.1.04 Base Realignment and Closure (BRAC)
		3.1.05 Environmental Management
	3.2-Equipment Acquisition and Disposal	
		3.2.01 Science & Technology (S&T)
		3.2.02 Major Investments
		3.2.03 Major Investment Enablers
		3.2.04 Minor Investment Enablers
		3.2.05 Modernization, Test, and Studies
		3.2.06 Disposal and Demilitarization
HQS & bligations	4.1-Service Headquarters	
		4.1.01 Army HQS (HQDA, USAR, FOA)
		4.1.02 ARNG HQS
	4.2-External and Directed Army Obligations	
		4.2.01 Non-Discretionary Obligations
		4.2.02 Directed Discretionary Obligations

communicate a balance of resources in

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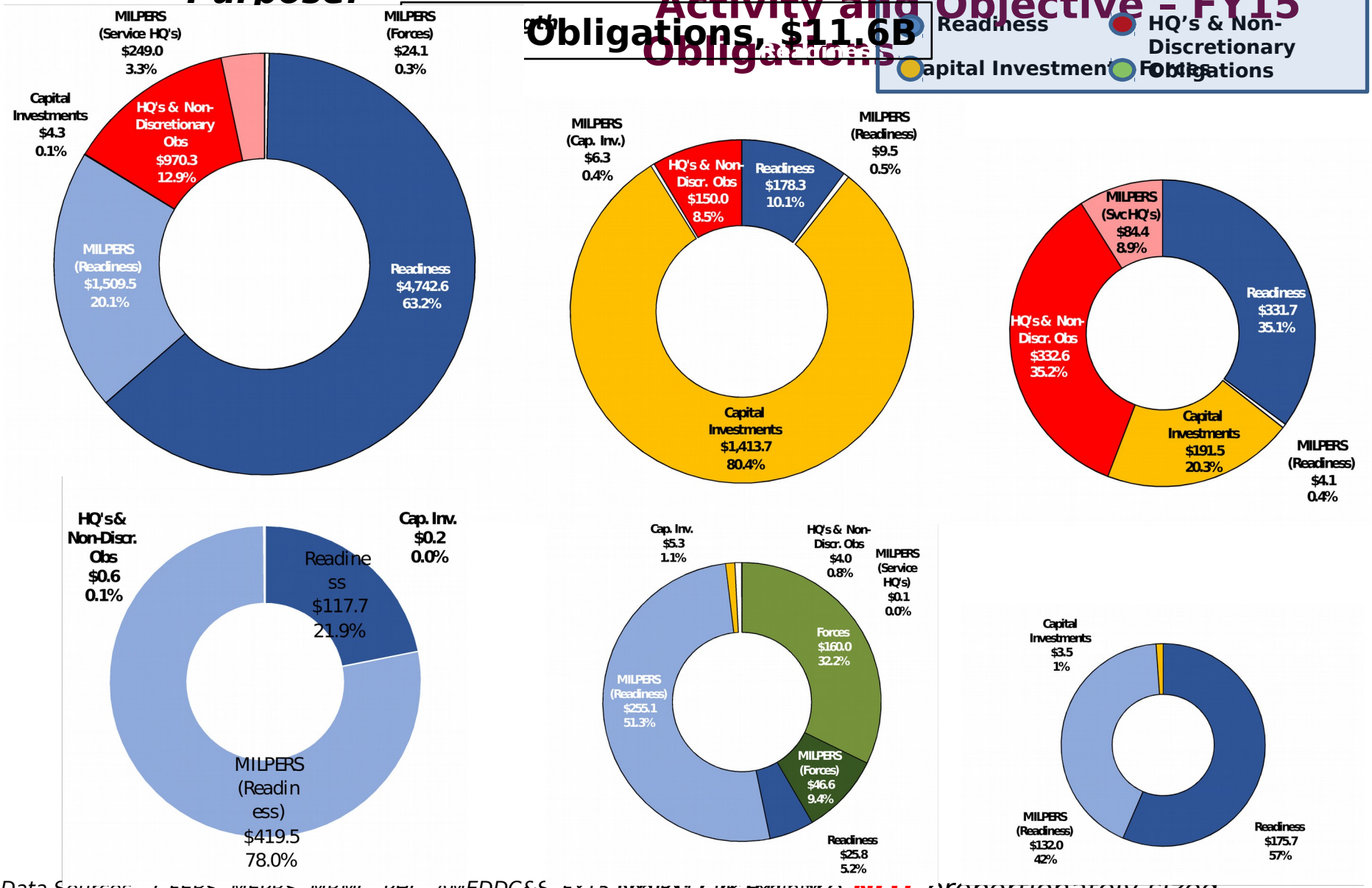
Army MEDCOM DHP Execution By Activity and Objective – FY15 Obligations



Data Sources – GFEBS, MEPRS, MRMC, PHC, AMEDDC&S, FY15 Approved Budgets *Note: Charts are **NOT** proportionately sized.*